

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814
916/445-7046



March 16, 1978

ALL-COUNTY LETTER NO. 78-6 (Fin. Mgt. Services)

• TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL STAFF

SUBJECT: CLAIMING NONFEDERAL SHARE OF EXPENDITURES FOR AFDC ELIGIBLE CR/IRAP
RECIPIENTS

REFERENCE: ALL-COUNTY LETTER 77-49 - CUBAN AND INDOCHINESE REFUGEE PROGRAMS

The conversion of AFDC eligible CR and IRAP recipients has been in operation since October 1, 1977. During this time, DBP's Claims Audit and Control Section (CAAC) has been processing the supplemental claim forms (Temp 1182 for AFDC-FG & U and 1184 for AFDC-BHI) to determine the additional reimbursement available for the nonfederal share of assistance expenditures made for AFDC eligible CR and IRAP recipients.

Now that DBP's internal auditing, accounting, and reporting systems for claiming these otherwise nonfederal funds have been established and the permanent supplemental claim forms have been finalized, the counties should begin processing these supplemental claim forms and including them in the normal monthly AFDC claim package effective with the March 1978 claims.

As in the past, it will be necessary to continue providing relevant information for these converted cases at the end of the payroll. Summary totals for FG & U cases should provide total persons count, expenditures, special needs and any county supplements paid. Summary totals for converted BHI cases need only contain the total persons count involved. This payroll summary information is to be separately identified as either CR or IRAP.

These forms are to be submitted as follows:

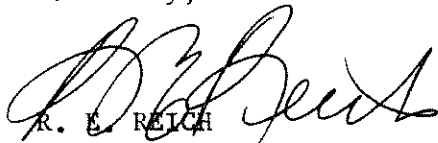
1. Both claim forms DFA 814 and DFA 815 must be submitted for each month in which expenditures were incurred for AFDC converted CR and IRAP recipients. For control purposes, it will also be necessary to submit these supplemental forms even though there were no related costs for the particular month. In these cases, write in "No Related Costs" on the forms, sign and date it, and submit it with the corresponding CA 800.

2. The original and one copy of the appropriate supplemental claim form shall be attached to the original copy of the corresponding CA 800 claim form.

The initial supply of these supplemental claim forms will be forwarded under separate cover.

If you have any questions, please contact Jim Korstjens at 916/445-7046.

Sincerely,


R. E. REICH
Deputy Director

cc: CWDA